

WAIVERS OF STATE PLAN PROVISIONS

State: WASHINGTON

Type of Waiver

- ☐ 1115 - Research & Demonstration Projects
- ☐ 1915(b)(1) - Case Management System
- ☐ 1915(b)(2) - Locality as a Central Broker
- ☐ 1915(b)(3) - Sharing of Cost Savings (through:)
 - Additional Services
 - Elimination of Copayments
- ☐ 1915(b)(4) - Restriction of Freedom of Choice
- ☐ 1915(c) ☒ Home and Community-Based Services Waiver (non-model format)
 - ☐ Home and Community-Based Services Waiver (model format)
- ☐ 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description: Basic Waiver, which serves individuals:

- That live with family or in their own homes;
- That meet ICF/MR level of care guidelines, but have a strong natural support system;
- For whom the family/caregiver's ability to continue caring for the individual is at risk, but can be continued with the addition of services provided in the Basic Waiver; and
- That do not need out-of-home residential services.

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Approval Date: 12/15/2003

Renewal Date: 3/31/2007

Effective Date: 4/1/2004 (per waiver amendment approved 7/1/2004)

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Medicaid law requires that the services available to any categorically needy (CN) individual be equal in amount, duration and scope to services available to all CN individuals. A waiver has been granted to allow this program to provide additional services to a select subgroup of CN eligibles to allow them to reside outside an institutional setting.

Statewideness:

Freedom of Choice:

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Services:

BASIC WAIVER	SERVICES	YEARLY LIMIT
	AGGREGATE SERVICES -Behavior management and consultation -Community guide -Environmental accessibility adaptations -Occupational therapy -Physical therapy -Specialized medical equipment/supplies -Specialized psychiatric services -Speech, hearing and language services -Staff/family consultation and training -Transportation	May not exceed \$1425 per year on any combination of these services
	EMPLOYMENT/DAY PROGRAM SERVICES: -Community access -Person-to-person -Prevocational services -Supported employment	May not exceed \$6500 per year
	-Sexual Deviancy Evaluation	Limits are determined by DDD
	-Respite care	Limits are determined by respite assessment
	-Personal care	Limits are determined by CARE assessment
	MENTAL HEALTH STABILIZATION SERVICES: -Behavior management and consultation -Mental health crisis diversion bed services -Skilled nursing -Specialized psychiatric services	Limits determined by mental health or DDD
	-Emergency assistance is only for services contained in the Basic waiver	\$6000 per year; Preauthorization required

Eligibility:

- Financial eligibility: The individual's gross income does not exceed 300 percent of the SSI benefit amount, and the individual's resources do not exceed \$2,000. Parental income is not considered for children.
- Functional eligibility: The individual must require the level of care provided in an ICF/MR.
- The individual must have a disability according to criteria established in the Social Security Act.
- Individual must also be a client of the Division of Developmental Disabilities.

Reimbursement Provisions (if different from approved State Plan Methodology):
 Payment for services is made via the Social Service Payment System (SSPS) or via A-19 invoice vouchers. Payment for pre-vocational, supported employment, community access, and person-to-person services is made to governmental agencies (counties).

Signature of State Medicaid Director